

Foster Family Home - Corrective Action Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-9

1900 Gulick Avenue

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 10/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/28/19.

6.(d)(1) -

Home is in compliance with all requirements. Home will receive a 3 bed certification.

David Ayling
Compliance Manager

Milagros Domingo
Primary Care Giver

10/28/19
Date

10/28/19
Date